

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) <div style="text-align: center;"> FY 2010 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i> </div>		Docket Number (Optional) PAT051912-US-PCT (PP020009.0003)	
Application Number: 10/552,192		Filed: December 5, 2006	
For ADP-RIBOSYLATING TOXIN FROM LISTERIA MONOCYTOGENES			
Art Unit: 1645		Examiner: V. Ford	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$ _____
<input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$ <u>1730.00</u>
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27.
☐ A check in the amount of the fee is enclosed.
☒ Payment by credit card.
☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-1648.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the

☐ applicant/inventor.
☐ assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 41,411
☐ attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34 _____

March 1, 2010
Date

(650) 493-3400
Telephone Number

Dahna S. Pasternak
Signature

Dahna S. Pasternak
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.